

UTAH UST INSPECTOR APPLICATION

Applicant Name: _____

Employer Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number _____

Email Address: _____

FOR STATE USE ONLY

Test Score: _____ Pass/Fail

Certificate No.: TI _____

Expiration Date: _____

[] Please do not put my employer name on the certificate or card

TRAINING

Organization Providing Training: _____

Training Date: _____ Exam Date: _____

UTAH CERTIFICATION FEE

Date of Payment: _____ Amount: \$ _____

Please return completed application and fee to the following address:

**UTAH DEPARTMENT OF ENVIRONMENTAL QUALITY
DERR/UST SECTION
168 NORTH 1950 WEST, 1ST FLOOR
SALT LAKE CITY, UTAH 84116**

I hereby certify that the forgoing information is true and that I have read the certification requirements for the UST Inspector in the Utah Administrative Code Section R311-201. I will conform to the standards of performance as outlined in Section R311-201-6. I understand that submittal of false or misleading information in this application may result in revocation in the certificate.

Signature: _____ Date: _____